

## TRANSMITTAL LETTER

Sir:

Transmitted herewith is/are the following in the above-identified application:

- |                                     |                            |                                     |                                 |
|-------------------------------------|----------------------------|-------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> | Response (attached)        | <input type="checkbox"/>            | Petition to Extend Time         |
| <input checked="" type="checkbox"/> | Fee as calculated below    | <input type="checkbox"/>            | Supplemental Declaration        |
| <input type="checkbox"/>            | No Additional Fee Required | <input type="checkbox"/>            | Terminal Disclaimer             |
| <input type="checkbox"/>            | Corrected Drawings         | <input checked="" type="checkbox"/> | Other R.C.E. under 37 CFR 1.114 |

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	31	31	0	X \$50.00		\$0.00
Independent Claims	4	4	0	X \$200.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$360.00		\$0.00
EXTENSION FEE	1 <sup>st</sup> Month \$120 <input type="checkbox"/>	2 <sup>nd</sup> Month \$450 <input type="checkbox"/>	3 <sup>rd</sup> Month \$1020 <input type="checkbox"/>	4 <sup>th</sup> Month \$1590 <input type="checkbox"/>	5 <sup>th</sup> Month \$2160 <input type="checkbox"/>	\$0.00
<input type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						-\$0.00
<b>TOTAL FEE DUE</b>						<b>\$810.00</b>

Payment:

- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☒ Payment by credit card in the amount of \$810.00 for the fees designated below. (Form PTO-2038 enclosed).  
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- ☐ The Commissioner is authorized to charge our Deposit Account No. \_\_\_\_\_ in the amount of \$\_\_\_\_\_ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No.50-3479 as required to correct the error.

Smith Frohwein Tempel Greenlee Blaha LLC

/Robert A. Blaha/  
Robert A. Blaha  
Registration No. 43,502

Smith Frohwein Tempel Greenlee Blaha LLC  
Customer Number 35856  
(404) 815-9300 (office)  
(770) 804-0900 (fax)

**CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. § 1.8**

I hereby certify that this correspondence is being electronically transmitted via EFS-WEB to the USPTO addressed to: Commissioner for Patents, Mail Stop: Amendment, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.

/Robert A. Blaha/  
Robert A. Blaha

January 14, 2008  
Date